

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4586

40.0

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 2621 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY Brandy

b. CITY (If outside corporate limits, write RURAL and give township) Trenton
c. LENGTH OF STAY (in this place) 30 years

d. FULL NAME OF HOSPITAL OR INSTITUTION Wright Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Brandy

c. CITY (If outside corporate limits, write RURAL and give township) Trenton
d. STREET ADDRESS (If rural, give location) 700 E. 8th

3. NAME OF DECEASED
a. (First) Sarah
b. (Middle) Jane
c. (Last) Burkeholder

4. DATE OF DEATH (Month) (Day) (Year) Feb 15 1950

5. SEX Female
6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Aug 24 1874

9. AGE (In years last birthday) 76
If UNDER 1 YEAR: Months 5 Days 10
If UNDER 2 HRS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker + Teacher

10b. KIND OF BUSINESS OR INDUSTRY teaching

11. BIRTHPLACE (State or foreign country) Brandy County, Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Frederick Wolz
13b. MOTHER'S MAIDEN NAME SARAH EVANS
14. NAME OF HUSBAND OR WIFE Morton Burkeholder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Mrs K.E. Williams
ADDRESS Dixon, Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1st, 1950, to Feb 15th, 1950, that I last saw the deceased alive on Feb 15th, 1950, and that death occurred at _____ m. from the causes and on the date stated above.

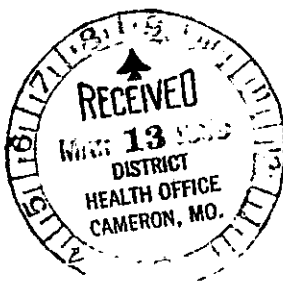
23a. SIGNATURE Oliver F. Duffy M.D.
23b. ADDRESS Trenton, Mo
23c. DATE SIGNED Feb 15th 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 17 1950
24c. NAME OF CEMETERY OR CREMATORY AF + AM. Cemetery
24d. LOCATION (City, town, or county) (State) Trenton, Missouri

DATE REC'D BY LOCAL REG. Feb 15-50
REGISTRAR'S SIGNATURE Irene Fair
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis - Blackmore Trenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

J. Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address Juntura, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.